



## MONTANA STATE PRISON POLICIES AND PROCEDURES

Policy No.: MSP 3.1.30	Subject: <b>FUNERAL, SICK BED VISITS, EMERGENCY TEMPORARY LEAVE FOR MSP INMATES</b>
Chapter 3: <b>INSTITUTIONAL OPERATIONS</b>	Page 1 of 6, + 5 attachments
Section 1: Security and Control	Revision Date:
Signature: /s/ Mike Mahoney	Effective Date: 2/15/01

**I. POLICY:** It is the policy of Montana State Prison to allow inmates to attend funerals, sick bed visits, or attend other personal emergencies in the community under the procedures outlined in this policy.

**II. AUTHORITY:**

53-1-203 MCA, Power and Duties of Department of Corrections

2-15-112 MCA, Duties and Power of Department Heads

DOC 3.1.30 Funeral, Sick Bed Visits, Emergency Temporary Leave for Adult Offenders.

**III. DEFINITIONS:**

**Immediate Family** – means parents, spouses, siblings, and children/stepchildren of the inmate. Exceptions for a grandparent may be granted if there is evidence to confirm that the grandparent was a substitute parent of the inmate.

**Serious Illness** – for the purpose of this policy, means the patient is not expected to live.

**IV. PROCEDURES:**

The Warden or designee may authorize inmates eligible under the guidelines of this policy to leave Montana State Prison in the custody of law enforcement or MSP staff, to attend ***only*** funeral and gravesite services, make bedside visits to hospitalized members of his immediate family, or for other emergencies. These leaves are for in-state visits only. Out-of-state visits are not permitted under any circumstances.

**A. Notification of Death or Serious Illness:**

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When MSP staff receive notification that an immediate family member of an inmate (see definition on page 1) has either died or has a serious illness (see definition on page 1), the housing unit supervisor shall be informed and he/she shall:

1. Notify the inmate in person of an emergency situation and instruct him to contact his family.
2. Notify the inmate that he may be eligible for a temporary leave to attend a funeral or make a sick bed visit.
3. Notify the inmate that counseling is available from unit, RAC, or mental health staff.

**B. Inmate Request for Emergency Temporary Leave:**

Inmates must request consideration for funeral leave or sick bed visit from unit staff (Sergeant, CCM, or Unit Manager) providing them the details of the leave (date, time, location, hospital, funeral home, cemetery, family member to contact, phone numbers, attending physician, etc.).

**C. Processing of Request for Emergency Temporary Leave:**

1. The Unit Manager or designee shall designate a unit staff member to manage the case.
2. The staff assigned the case shall:
  - a. Determine the custody level of the inmate.
    1. *Close and Maximum Custody inmates are not eligible under this policy.*
    2. Other custody level inmate requests are subject to a case by case review, and inmates deemed to present too high of a security risk shall be denied.
  - b. Confirm the death or serious illness.

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- c. Begin filling out a Request for Emergency Temporary Leave form (see attachment #2) and an itinerary (see attachment #3), if the inmate is approved at that level.
- d. Determine whether or not the inmate's family desires the inmate's presence at the funeral home/sick bed. If not the request shall be denied.
- e. Confirm the tentative funeral arrangements and/or possibility of a sick bed visit with the attending physician. If there is no possibility of attendance the request shall be denied.
- f. Contact local law enforcement to ensure that advance notice is made of the pending leave and identify security and community concerns. If there are concerns along these lines, the request shall be denied.
- g. Contact the Accounting Office to determine the estimated cost of the trip and funds available on the inmate's account.
  - 1. The inmate or family shall be responsible for covering all costs of the trip.
  - 2. Inmate Welfare Funds may be used as a secondary funding source with prior approval.
  - 3. When adequate funding is not available the request shall be denied.
- h. Contact the Shift Commander to determine the availability of escort officers. If officers are not available the request shall be denied, unless the inmate has arranged for transport by local law enforcement officers.

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- i. Obtain the signed approval or denial of the leave from the unit manager/designee, after they consider the above information.
  - j. Forward the partially complete “Request for Emergency Temporary Leave” form (attachment #2) to the Victim Information Officer for review and recommendation if the request has been approved at the unit level.
3. The Victim Information Officer shall:
  - a. Contact the prosecuting county attorney to identify victim and prosecutorial concerns. The request shall be denied if there are concerns in this area.
  - b. Determine if prior victim notification has been requested when the inmate leaves MSP. If so the Victim Information Officer shall notify the victim(s) directly.
  - c. Forward the partially complete “Request for Emergency Temporary Leave” form to the Warden or designee if approved at this level.
4. The Warden or designee shall approve or deny the leave (and sign the form) after considering whether the inmate is a high profile case or poses an unacceptable security risk. If so the Warden or designee shall discuss the request with the DOC director. Careful consideration shall be given to all the inherent issues when determining the ramifications of granting emergency temporary leave for such inmates.  
If approved, the Warden or designee shall then forward the request form to the Shift Commander.
5. The Shift Commander shall:
  - a. Comply with the procedures set forth in Attachment #1 of this policy.

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- b. List the names of the Escort Officers on the “Request for Emergency Temporary Leave” form (attachment #2) and have the Escort Officers sign and date the form.
  - c. Complete the “Coordination” and “Special Equipment Taken” sections of the request form (attachment #2).
  - d. Review, sign and date the “Itinerary” (attachment #3).
  - e. Complete the “Temporary Leave Check-List” (attachment #4) while briefing the Escort Officers on all aspects of the trip/leave.
- 6. The Escort Officers shall:
  - a. Sign and date the Request for Emergency Temporary Leave form (attachment #2).
  - b. Sign and date the “Temporary Leave Check-List” (attachment #4).
  - c. Familiarize themselves with policy and procedure as directed by the Shift Commander and the language on the attachments.

**D. Transportation by Local Law Enforcement**

- 1. When local law enforcement officials are conducting a transport, they must agree in writing to accept full responsibility in the event that the inmate escapes, and to pay all costs of returning the inmate to Montana State Prison when the inmate is apprehended. If they don’t, the request will be denied (see attachment #5).
- 2. The Department and MSP are not responsible for expenses incurred by the transporting law enforcement officials. These expenses, if any, shall be paid by the inmate or his family. The Unit Manager/Shift Commander shall verify with law enforcement officials that necessary financial arrangements have been made **prior** to releasing the inmate to transporting law enforcement officials.

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3. Local law enforcement officers who are providing transportation shall be expected to comply with the applicable sections of MSP Policy 3.1.12 “Transportation Procedures”.
4. Absolutely no drinking of alcoholic beverages or drug use is permitted by escorting officers or inmates during these leaves. Violation of this regulation shall result in appropriate disciplinary action, up to and including termination of employment.

**V. CLOSING:**

Questions concerning this policy shall be directed to the Warden or designee.

## PROCEDURES FOR PROTECTION OF ESCORT OFFICERS AND SECURITY OF INMATE

In order to provide for the protection of escorting officers, and the security of inmates while off Montana State Prison property during emergency temporary leave, the following procedures shall be adhered to. It is recommended that local law enforcement agencies providing transportation for inmates comply with the **intent** of this policy:

1. Two officers shall be assigned to escort the inmate regardless of the inmate's custody level. When escorting more than one inmate, the directives set forth in MSP Policy 3.1.12 "Transportation Procedures" shall be followed.
2. The inmate shall be in belly chains at all times.
3. Escort officers shall sign out a portable high-band radio or cell phone. The radio/phone shall be carried by one of the officers **at all times.**
4. The assigned vehicle must be equipped with a high-band radio.
5. Escorting officers must be in full uniform.
6. One escort officer shall be armed with a prison-issued revolver and two speed loaders.
7. Only **unarmed** officers shall handle the inmate. The armed officer will position himself at proper and safe distance from the inmate at all times.
8. The Shift Commander shall send a Teletype message to the local law enforcement agency involved. The message shall inform that agency of the funeral/sick visit details (names, dates, times, places, radio call signs, ETA, etc.) and request a reply with the name of an officer to contact if needed, agency's call sign, etc. This notification shall be documented in writing.
9. If an overnight stay is necessary, the inmate shall be housed in a local jail. The Shift Commander shall confirm these arrangements prior to the trip.

Escorting officers shall contact previously coordinated local law enforcement agencies to notify them that the inmate and escorting officers are in their jurisdiction. If a security problem arises, officers shall use the high-band radio to request assistance from local law enforcement officers.

## REQUEST FOR EMERGENCY TEMPORARY LEAVE

Inmate: \_\_\_\_\_  
AO No.: \_\_\_\_\_ Housing Unit: \_\_\_\_\_  
Custody Level: \_\_\_\_\_

Emergency temporary leave is requested for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESCORTS**

**SIGNATURE**

**DATE**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**UNIT MANAGER**

**SIGNATURE**

**DATE**

☐ Approved   ☐ Denied

\_\_\_\_\_  
Unit Manager/Designee

**FACILITY VICTIM INFORMATION OFFICER:**

☐ Approved   ☐ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WARDEN/DESIGNEE**

☐ Approved   ☐ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COORDINATION:** (Date, Time, Name(s), Agencies of Law Enforcement Informed):

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL EQUIPMENT TAKEN:** \_\_\_\_\_

\_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Copies to:    Main Control  
                  Sponsor

Command Post  
Records

Unit Control



## ITINERARY

OFFENDER: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OFFICERS: \_\_\_\_\_

ACTIVITY	LOCATION	DATE	TIME	TO	PHONE (if available)

\_\_\_\_\_  
SHIFT COMMANDER

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE

Copies to:    Main Control  
                  Sponsor

Command Post  
Records

Unit Control

## TEMPORARY LEAVE CHECK-LIST

The Shift Commander shall ensure the following:

- ☐ 1. Escort Officers are in proper uniform.
- ☐ 2. High-band radio, weapon and ammunition are issued and serviceable.
- ☐ 3. Vehicle is available and standing by.
- ☐ 4. Escort Officers have State credit card(s), cash advances, etc.
- ☐ 5. Appropriate restraints are issued.
- ☐ 6. Copy of itinerary is attached to Temporary Leave Request.
- ☐ 7. Escort Officers are familiar with MSP Policy 3.1.30 - Funeral, Sick Bed Visits, Emergency Temporary Leave for MSP Inmates; and MSP Policy 3.1.12 - Transportation Procedures).
- ☐ 8. Officers are aware of any special instructions.
- ☐ 9. A teletype message has been sent to the local law enforcement agency involved, informing them of the funeral detail, names, dates, times, radio call signs, etc., and a reply was received from that law enforcement agency giving their call signs, name of officer contacted, etc.

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DATE/TIME

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ESCORTING OFFICER'S SIGNATURE

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DATE/TIME

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ESCORTING OFFICER'S SIGNATURE

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DATE/TIME

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SHIFT COMMANDER'S SIGNATURE

**LOCAL LAW ENFORCEMENT RESPONSIBILITY  
TRANSPORT INFORMATION AND INMATE RECEIPT**

I, the undersigned, in my official capacity as indicated below and pursuant to due and lawful process, hereby acknowledge the receipt, care, custody and control of:

Inmate \_\_\_\_\_ MSP ID#: \_\_\_\_\_

I further agree to take full responsibility of said inmate in the event that the inmate escapes and to pay all costs of returning the inmate to Montana State Prison.

I have been informed of and will comply with the intent of the procedures and requirements set forth in MSP Policy 3.1.30 "Funeral, Sick Bed Visits, Emergency Temporary Leave for MSP Inmates", and MSP Policy 3.1.12 "Transportation Procedures."

\_\_\_\_\_  
/       /  
Date

\_\_\_\_\_  
Escorting Officer's Signature/Title

\_\_\_\_\_  
/       /  
Date

\_\_\_\_\_  
Escorting Officer's Signature/Title

\_\_\_\_\_  
/       /  
Date

\_\_\_\_\_  
Witness (Shift Commander) Signature